

Form **990-EZ**

Short Form  
**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public

Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

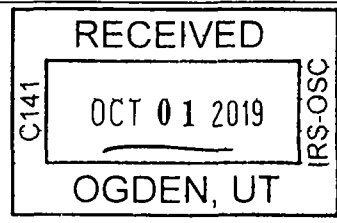
**A For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>ALUMNI CORPORATION OF SIGMA PHI</b> <b>EPSILON, ARKANSAS ZETA CHAPTER</b>		<b>D Employer identification number</b> <b>94-3096277</b>
	Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>PO BOX 1469</b>		<b>E Telephone number</b> <b>815-246-2866</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>CONWAY AR 72032</b>		<b>F Group Exemption Number</b> <b>0309</b>
	<b>G Accounting Method</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____ <b>Website:</b> <u>N/A</u> <b>Tax-exempt status</b> (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <u>7</u> ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H Check</b> <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____		<b>L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.</b>	
		<b>\$ 146,241</b>	

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	122,192
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	24,049	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<b>146,241</b>	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	3,566
	14	Occupancy, rent, utilities, and maintenance	14	46,732
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	94,983
	17	<b>Total expenses.</b> Add lines 10 through 16	17	<b>145,281</b>
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	960
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	36,998
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	<b>37,958</b>



SCANNED NOV 01 2019 DET 990EZ 2018

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2017)

6 NE

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	36,998	22	75,888
23 Land and buildings	0	23	135,042
24 Other assets (describe in Schedule O)	0	24	49,104
25 Total assets	36,998	25	260,034
26 Total liabilities (describe in Schedule O)	0	26	222,076
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	36,998	27	37,958

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

**PROVIDE HOUSING FOR MEMBERS OF SIGMA PHI EPSILON ARKANSAS ZETA CHAPTER.**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 **PROVIDE HOUSING**

(Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here  **28a**

29

(Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here  **29a**

30

(Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here  **30a**

31 Other program services (describe in Schedule O)

(Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here  **31a**

32 **Total program service expenses** (add lines 28a through 31a) **32**

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<b>WILLIAM BART SHAW</b> <b>PRESIDENT</b>	3.00	0	0	0
<b>KRETH KOEHLER</b> <b>VICE PRESIDENT</b>	3.00	0	0	0
<b>GARY BUNN</b> <b>TREASURER</b>	1.00	0	0	0
<b>GREG STEED</b> <b>BOARD MEMBER</b>	1.00	0	0	0
<b>ROBERT BUCHANAN</b> <b>BOARD MEMBER</b>	1.00	0	0	0



Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b	Did the organization file Form 1120-POL for this year?	37b	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 _____, section 4912 _____, section 4955 _____		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed <b>NONE</b>		
42a	The organization's books are in care of <b>GARY BUNN</b> Telephone no <b>815-246-2866</b> <b>PO BOX 1469</b> Located at <b>CONWAY AR</b> ZIP + 4 <b>72032</b>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42b	X
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country _____	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c	Did the organization receive any payments for indoor tanning services during the year?	44c	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes  No

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Yes  No

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes  No

**49a** Did the organization make any transfers to an exempt non-charitable related organization? Yes  No

**b** If "Yes," was the related organization a section 527 organization? Yes  No

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**f** Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

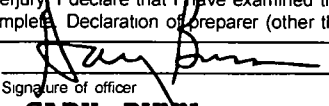
**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation


**d** Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here** 09/04/2019  
 Signature of officer:  Date: \_\_\_\_\_  
**GARY BUNN** **TREASURER**  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name <b>CINDY NEAL</b>	Preparer's signature  <b>CINDY NEAL</b>	Date <b>09/03/19</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01455935</b>
Firm's name <b>GREEK RESOURCE SERVICES, LLC</b>	Firm's EIN		Phone no <b>205-758-7754</b>	
Firm's address <b>P.O. BOX 1880 TUSCALOOSA, AL 35403-1880</b>				

May the IRS discuss this return with the preparer shown above? See instructions Yes  No

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2017**Open to Public  
Inspection

Name of the organization

**ALUMNI CORPORATION OF SIGMA PHI  
EPSILON, ARKANSAS ZETA CHAPTER**

Employer identification number

**94-3096277****FORM 990-EZ - ADDITIONAL INFORMATION**

DURING TAX YEAR 2017, WE TRANSITIONED THE TAX ACCOUNTING AND BOOKKEEPING TO SIGMA PHI EPSILON NATIONAL HOUSING. THEY DID FILE AN EXTENSION FOR OUR ORGANIZATION BUT DID NOT GET THE RETURN PREPARED TIMELY DUE TO SOFTWARE ISSUES AND PERSONNEL ISSUES. IT IS OUR UNDERSTANDING THAT ALL RETURNS WILL NOW BE FILED TIMELY. PLEASE WAIVE ANY LATE FILING PENALTIES. WE APPRECIATE YOUR CONSIDERATION IN THIS MATTER. THANK YOU.

**FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE**

DESCRIPTION	AMOUNT
INSURANCE PROCEEDS	\$ 23,849
SECURITY DEPOSIT FORFEITURE	\$ 200
<b>TOTAL</b>	<b>\$ 24,049</b>

**FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES**

DESCRIPTION	AMOUNT
<b>EXPENSES</b>	
INTEREST	\$ 8,521
INSURANCE	\$ 500
MEMBER DUES	\$ 85,335
BANK SERVICE FEES	\$ 627
<b>TOTAL</b>	<b>\$ 94,983</b>

**FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
-------------	--------------	-------------

Schedule O (Form 990 or 990-EZ) (2017)

Page 2

Name of the organization

Employer identification number

**ALUMNI CORPORATION OF SIGMA PHI****94-3096277**

<b>ACCOUNTS RECEIVABLE</b>	<b>\$</b>	<b>0 \$</b>	<b>8,065</b>
<b>PREPAID EXPENSES AND DEFERRED CHARGES</b>	<b>\$</b>	<b>0 \$</b>	<b>168</b>
<b>BUILDING IMPROVEMENTS</b>	<b>\$</b>	<b>0 \$</b>	<b>33,286</b>
<b>ESCROW ACCOUNT</b>	<b>\$</b>	<b>0 \$</b>	<b>7,585</b>
<b>TOTAL</b>	<b>\$</b>	<b>0 \$</b>	<b>49,104</b>

**FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES**

<b>DESCRIPTION</b>		<b>BEG. OF YEAR</b>	<b>END OF YEAR</b>
<b>ACCOUNTS PAYABLE AND ACCRUED EXPENSES</b>	<b>\$</b>	<b>0 \$</b>	<b>13,777</b>
<b>UNSECURED NOTES AND LOANS PAYABLE</b>	<b>\$</b>	<b>0 \$</b>	<b>201,524</b>
<b>SECURITY DEPOSITS</b>	<b>\$</b>	<b>0 \$</b>	<b>6,775</b>

**FORM 990-EZ, PART III, LINE 31 - ALL OTHER ACCOMPLISHMENT****TO PROVIDE HOUSING FOR MEMBERS OF SIGMA PHI EPSILON ARKANSAS ZETA CHAPTER.**